



# Membership Application

I hereby apply for membership in the National Risk Retention Association (NRRA).

Company Name: \_\_\_\_\_  
 Primary Contact Name (Voting Member): \_\_\_\_\_  
 Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Primary Contact Direct Phone: \_\_\_\_\_ Web site: \_\_\_\_\_

Membership in the National Risk Retention Association (NRRA) is company-held. There are five categories of NRRA membership: RRG, PG, Captive Manager, Reinsurer, and Service Provider. Please reference the Annual Dues Schedule below to determine the appropriate membership category.

## Annual Dues Schedule

### Risk Retention Groups

*Membership includes the RRG and all direct employees of the RRG.*

Annual Gross Written Premium in Millions	Annual Corporate Dues
<input type="checkbox"/> \$0-\$5	\$1,500
<input type="checkbox"/> \$5-\$10	\$2,000
<input type="checkbox"/> \$10-\$25	\$2,500
<input type="checkbox"/> \$25-100	\$3,000
<input type="checkbox"/> \$100+	\$3,500
<input type="checkbox"/> RRG in single state	\$750

### Purchasing Groups

*Membership includes the PG and all direct employees of the PG.*

<input type="checkbox"/> New Member	\$350
<input type="checkbox"/> Renewing Member	\$500

### Captive Manager

*Membership includes the captive management company and all direct employees of the captive management company, but does not extend to client RRGs or employees of client RRGs.*

Number of RRG Clients	Annual Corporate Dues
<input type="checkbox"/> Fewer than 5	\$1,750
<input type="checkbox"/> 5-9	\$2,500
<input type="checkbox"/> 10+	\$3,500

### Reinsurer

*Membership includes the reinsurance company as well as all direct employees of the reinsurance company.*

<input type="checkbox"/> Reinsurer Annual Corporate Dues	\$3,500
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### Service Provider (Other than Captive Managers or Reinsurers – see above categories)

*Membership includes the service provider company as well as all direct employees of the service provider company.*

<input type="checkbox"/> Service Provider Annual Corporate Dues	\$1,750
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**Membership Type** (please refer to the category definitions on page one and check one):

RRG  PG  Captive Manager  Reinsurer  Service Provider

**RRG/PG:**

What is your total Annual Gross Written Premium? \_\_\_\_\_

Who/what industry does your RRG/PG represent? \_\_\_\_\_

Single State RRG - what state do you operate in? \_\_\_\_\_

**Captive Manager:**

How many RRG Clients does your company represent? \_\_\_\_\_

**Service Provider:**

What service(s) does your company provide? \_\_\_\_\_

**PAYMENT**

**Annual dues amount:** \$ \_\_\_\_\_

(Please refer to chart on page one of this application or call NRRA Executive Director, Joseph E. Deems, at 800-928-5809 Ext. 102 with questions).

**Check Enclosed**  **Credit Card:**  MasterCard  Visa  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**Who may we thank for referring NRRA to you?** \_\_\_\_\_

**Additional employees to be included in this corporate membership at no additional charge:**

*(Must be direct employees under the same company name.)*

**Additional Employee Member:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

**Additional Employee Member:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Direct Phone:** \_\_\_\_\_

*If you would like to add more employees to this membership, please include additional pages.*

*Additional employees may be added to your corporate membership at any time.*

**Thank you for joining NRRA!**